

POSITION	INITIALS	ID NO.	DATE
	RH		3/15
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		18	P 4.01
FORMALITY REVIEW	H-5	866	04.24.01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -/- ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

C. C.  
 04-25-01